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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Schedule 5 (Form 8849)

(Rev. December 2002) Name as shown on Form 8849

Department of the Treasury—Internal Revenue Service

Section 4081(e) Claims

► Attach to Form 8849. Do not file with any other schedule.

Total refund (see instructions)

OMB No. 1545-1420

Claimant's registration number. ▶		_			
Part I	Claim for Refund of Second Tax				
				_	

Ту	rpe of fuel	(a) Amount of refund	(b) CRN
1	Gasoline	S S	362
2	10% gasohol		359
3	7.7% gasohol		375
4	5.7% gasohol		376
5	Aviation gasoline		324
6	Diesel fuel		360
7	Kerosene		346

Part II Supporting Information Required. See instructions. If more space is needed, attach separate sheets.

> Claimant certifies that the amount of the second tax has not been included in the price of the fuel, and has not been collected from the purchaser. Claimant has attached a copy of the First Taxpayer's Report, and if applicable, a copy of the Statement of Subsequent Seller.

(c) Type of fuel (Enter line number from Part I.)	(d) Date second tax liability incurred Use MMDDYYYY format.	(e) Gallons of fuel claimed	(f) Amount of second tax paid
			\$